

Name

Mailing address

City, zip code

RECEIVED

FEB 1 2 2010

MAINEETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office:

District

Phone

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

☐ Senate

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY AN	IOTHER 121
List the name and address of each employer from economic activity of each employer.	m whom you received compensation of \$1,000	or more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
Coase (Maine Agents	Scarbwagn, ME	Shim Team
Town of Scarbaragh	Scabnowh, ME	High School
PPNNE	Partland ME	Health Care
PART 2. INC	OME DERIVED FROM SELF-EMPLOYME Legislators who are self-employed.)	NT A
A. List the name and address of your business, if associated with a partnership, firm, professional a entity.	any, and list the major areas of economic activissociation, or similar business entity, list the magnetic states are similar business.	ity from which you derived income. If ajor areas of economic activity of that
Name and Address of Business Entity	Major Areas of Economic Activity (self)	
A Section of the Control of the Cont	(con)	(partnership, association or similar business entity)
Name:	(com)	
Name: Address:	(661)	
	(0011)	
Address:	(661)	

(For Legislators who are self-employed.)	F-EMPLOYMENT
B. List each source of income derived from self-employment that represents more than 10 greater, and specify the principal type of economic activity of the entity or person from disclosure is prohibited by law, rule, or an established code of professional ethics, specify entity or person from whom the income was derived.	whom you derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	Page 1
Address:	
Name:	
Address:	
PART 3. MAJOR AREAS OF PRACTIC (For Legislators who are attorneys at law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practi	ce of your firm.
Name and Address of Firm Major i	Areas of Practice Major Areas of Practice (self) (firm)
Name:	
Address:	
Name:	
Address:	
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THE RESIDENCE OF THE PERSON OF	
PART 4. OTHER SOURCES OF INCOM	
PART 4. OTHER SOURCES OF INCOME. List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do received the source of the sou	
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List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not listed in Parts 1, 2, or 3 of this form.	ot include gifts. If none, check the box. Kind of Income
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List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not listed in Parts 1, 2, or 3 of this form. Do not list each source Name: Address: PART 5. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more that you received areas of economic activity of each creditor. Do not list credit card liability or loans from a re	ot include gifts. If none, check the box. Kind of Income (investments, leases, etc.) during the reporting period, and list the major ative. If none, check the box.
Name: Address: PART 5. REPORTABLE LIABILITIES List the names of creditors for any unsecured areas of economic activity of each creditor. Do not list credit card liability or loans from a re-	ot include gifts. If none, check the box. Kind of Income (investments, leases, etc.) during the reporting period, and list the major ative. If none, check the box.
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Address:

PART	6. REPORTABLE GIFT	
List the specific source of each gift of more than \$300. I none, check the box.	nclude gifts with an aggrega	te value of more than \$300 from a single source. If
□ None	remeritements become of productive seasons and second visions of the seasons and a second vision of the season which	
Name of Source of Gift.	gitter mit i formationers seggester i å semmings så lätteraranders och etterængelikalen och e	Name of Source of Gift
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PART 7.	REPORTABLE HONORA	ARIA
List the source of any honoraria accepted for appearances		and the same of the contract o
None	entation to one in recommendation of the section of	regional of teeportelishings. If field, the box.
Name of Source of Honoraria	and between the second of the second	Name of Source of Honoraria
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	NTATION BEFORE STAT	
List each executive branch agency before which you repre- box.	esented or assisted others for	or compensation of any amount. If none, check the
None	THE PROPERTY OF THE PROPERTY O	
Name of Agency	The latest than the second	
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2.	4.	
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PART 9. BUS	INESS WITH STATE AGI	ENCIES
List each executive branch agency to which you or a men \$1,000 during the reporting period. If none, check the box.	nber of your immediate famil	ly sold goods or services with a value in excess of
None	armond december at the speciment and december of the speciment of the speciment of the speciment of the speciment of the specimens of the spec	
Name of Agency		Name of Agency
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2.	4.	
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PART 10. INCOME RECEI	VED BY MEMBERS OF I	MMEDIATE FAMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kill or more of income, their name and job title are listed. Do no	na of income represented. It	re received by your spouse or domestic partner or f your spouse or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	y Relationship Kind of Income
Negra	1,	1.
Name:	2.	Spouse or Domestic 2.
Job Title:	3.	Partner 3.
•		Dependent
If dependent child(ren) receive more than \$1,000 of income		Child
for the reporting period, list only the type of economic		Dependent
activity and the kind of income.		Child
		Dependent Child

None	*			-
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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·	of fact to the Attorney	General. (1 M.R	.S.A. § 1019)	
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PART 11 OFFICER OR DIRECTOR POSITIONS